

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mp</i>		<i>8/1/99</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>DS</i>	<i>65685</i>	<i>8-26-99</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/1/99
2	✓	✓	8/1/99
3	✓	✓	8/1/99
4	✓	✓	8/1/99
5	✓	✓	8/1/99
6	✓	✓	8/1/99
7	✓	✓	8/1/99
8	✓	✓	8/1/99
9	✓	✓	8/1/99
10	✓	✓	8/1/99
11	✓	✓	8/1/99
12	✓	✓	8/1/99
13	✓	✓	8/1/99
14	✓	✓	8/1/99
15	✓	✓	8/1/99
16	✓	✓	8/1/99
17	✓	✓	8/1/99
18	✓	✓	8/1/99
19	✓	✓	8/1/99
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE